24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)				PAGE 1 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				C C00530766
Check if 24-hour report X 48-hour report	rt New re	port Amends repo	ort filed on	M / D D / Y D Y D Y
Full Name of Payee			Date o	f Public Distribution/Dissemination
Casey Stockton			M	07
Mailing Address 105 South Dale St			Amour	it
City	State	Zip Code		45.00
Spruce Pine	NC	28777		action ID: e0f6f605-b48e-435a-9 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	07 / 21 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		168776.32	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date o	of Public Distribution/Dissemination
Casey Stockton			M	07 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 105 South Dale St			Amour	nt
City	State	Zip Code		17.10
Spruce Pine	NC	28777		ction ID: d86cd4b8-7360-42b7-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07 21 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		X Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		168776.32	Disbursement 2014 Ot	For: Primary X General her (specify) ►
(a) SUBTOTAL of Itemized Independent Expe	nditures		▶	62.10
(b) SUBTOTAL of Unitemized Independent Ex	penditures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorize			
Ms. Emily Buchanan	cm.		M - M /	D D / Y Y Y Y Y
Signature	[Electro	onically Filed] Date	9 07	23 2014

Schedule E)	LIVI EXI END	HONES	PAGE 2 OF 59 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	R ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	Y
Full Name of Payee			Date of Public Distribution/Disseminatio	n
Mary Johnson			07 21 2014	Y
Mailing Address 105 South Dale St			Amount	
City	State	Zip Code	45.0	00
Spruce Pine	NC	28777	Transaction ID: 73408ccd-be2f-4fbb-9 Date of Disbursement or Obligation	•
Purpose of Expenditure Salary		Category/ Type 001	07	Y
Name of Federal Candidate		Support	Office Sought: House District: 0	0
Ms. Kay Hagan		X Oppose	President State: NO	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	.,.,	168776.32	Disbursement For:	eral
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination	n
Gabriella E Hansen			07 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	■ Y
Mailing Address 310 West Meath Drive			Amount	
City	State	Zip Code	20.00	
Winterville	NC	28590	Transaction ID: 63266937-54f6-41ce-b Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	07 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Name of Federal Candidate		Support	Office Sought: House District: 0	0
Ms. Kay Hagan		Oppose	President State: NO	
Calendar Year-To-Date Per Election for Office Sought		168776.32	Disbursement For: Primary General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General Genera	eral
(a) SUBTOTAL of Itemized Independent Expen	ditures		65.00]
(b) SUBTOTAL of Unitermized Independent Exp	enditures		·	_
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
S.g. accio				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	L /(1 L /(2)			PAGE 3 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
		OIL	T IIIOG OII	
Full Name of Payee Anthony Buchanan			Date of	
Mailing Address 1090 McHone Rd			Amount	
City	State	Zip Code		45.00
Spruce Pine	NC	28777		tion ID : cffb5482-6d0e-495d-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 07	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	NC NC
Calendar Year-To-Date Per Election for Office Sought	1	168776.32	Disbursement F 2014 Other	For: Primary X General er (specify) ▶
Full Name of Payee Caleb Craig			Date of	Public Distribution/Dissemination
Mailing Address 1410 Bushville drive			0	
			Amount	
City	State	Zip Code		100.00
Lenoir	NC	28645	Transact Date of	ion ID: a282c438-3b6c-4974-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 07	7 21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	, ,	168776.32	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		·	145.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	7
(c) TOTAL Independent Expenditures			· .	7 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		23 2014
Signature		_		

Schedule E)	DENT EXICIO	TIONES	PAGE 4 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Caleb Craig			07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1410 Bushville drive			Amount
City	State	Zip Code	15.00
Lenoir	NC	28645	Transaction ID : 01af1fdb-ee6d-408b-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 21 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	,,,,	168776.32	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Morgan R Padgett			07 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2164 Kay Rd			Amount
City	State	Zip Code	20.00
Greenville	NC	27858	Transaction ID: e90c1959-af32-4f0e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		168776.32	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expe	nditures		35.00
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert feither, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		PAGE 5 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New re	eport Amends report	filed on
Full Name of Payee Morgan R Padgett		Date of Public Distribution/Dissemination
Mailing Address 2164 Kay Rd		07 21 2014 Amount
City State	Zip Code	5.40
Greenville NC	27858	Transaction ID : 7ef2aa00-33bd-4af1-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 21 2014
Name of Federal Candidate	Support C	Office Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) ▶
Full Name of Payee Virginia M Stevens Mailing Address 1691 Fork Mtn Rd		Date of Public Distribution/Dissemination 07 21 Amount
City State	Zip Code	50.00
Bakersville NC	28705	Transaction ID : 5a36b56e-1812-43ee-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / 21 / Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		55.40
(b) SUBTOTAL of Unitemized Independent Expenditures		·
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent.		
	onically Filed] Date	07 23 2014
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
Full Name of Payee Virginia M Stevens	Date of Public Distribution/Dissemination
	07 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1691 Fork Mtn Rd	Amount
City State Zip Code	16.20
Bakersville NC 28705	Transaction ID: 108cff7a-ed32-460b-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 21 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee Malinda Ledford	Date of Public Distribution/Dissemination
	07 21 2014
Mailing Address 44 Bell Street Ext	Amount
City State Zip Code	50.00
Spruce Pine NC 28777	Transaction ID: b729c543-07c4-406e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 21 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disbute 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	66.20
(4)	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	07 23 2014
Signature	

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 7 OF FOR SE OF FORM 2	59 4/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUM	BER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemin	ation
Malinda Ledford			07 / 21 / Y Y 201	4
Mailing Address 44 Bell Street Ext			Amount	
City	State	Zip Code		16.20
Spruce Pine	NC	28777	Transaction ID: e5600a94-e17e-44 Date of Disbursement or Obligation	99-a
Purpose of Expenditure Mileage		Category/ Type 002	07 / 21 / Y Y 20	4
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		X Oppose	President Senate State:	NC
Calendar Year-To-Date Per Election for Office Sought	.,,	168776.32	Disbursement For: Primary X 0	General
Full Name of Payee			Date of Public Distribution/Dissemin	ation
Amanda Boley			07	14
Mailing Address Split Oak Drive			Amount	
City	State	Zip Code	55	5.00
charlotte	NC	28227	Transaction ID: 74c9dd0b-5e26-42 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	07	4
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Mary L Landrieu		Oppose	President Senate State:	LA
Calendar Year-To-Date Per Election for Office Sought		63014.60	Disbursement For: Primary 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expen-	ditures		71.:	20
			7 7	
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>	,
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee of	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
•				

Schedule E)	LXI LND	TOTILO		PAGE 8 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of F	Public Distribution/Dissemination
Amanda Boley			M 07	
Mailing Address Split Oak Drive			Amount	
City	State	Zip Code		23.97
charlotte	NC	28227		ion ID : 7a44b937-86b4-45d0-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	63014.60	Disbursement For 2014 Other	or:
Full Name of Payee			Date of I	Public Distribution/Dissemination
Rebecca Deucher			07	
Mailing Address 4800 Vass Carthage Rd			Amount	
City	State	Zip Code	<u> </u>	55.00
Carthage	NC	28394		on ID : 6b833e31-4e65-4059-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 07	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	, , ,	168776.32	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditures	S			78.97
			,	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	7 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		23 2014
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	O
Check if 24-hour report 48-hour report New report Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee Rebecca Deucher	Date of Public Distribution/Dissemination
Nebecca Deuchei	07 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4800 Vass Carthage Rd	Amount
City State Zip Code	26.40
Carthage NC 28394	Transaction ID : d7f35853-58c4-4464-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 21 / Y Y Y Y Y Y
Name of Federal Candidate Support Office	ee Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disb. 2014	oursement For: Primary General Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Francesca Blom	07 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 101 Asbury Ct	Amount
City State Zip Code	80.00
Winchester VA 22602	Transaction ID : 4f69a1f7-1525-44ea-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 21 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	106.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	07 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	INI EXI END	TIONES	PAGE 10 OF FOR SE OF FORM	59 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUM	IBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	t filed on	YY
Full Name of Payee			Date of Public Distribution/Dissemi	nation
Lorri Anderson			07 / D D / Y Y Y 20	14
Mailing Address 7214 Duchamp Dr			Amount	
City	State	Zip Code		5.00
Charlotte	NC	23215	Transaction ID : bccd8c1e-e116-4 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001)14
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		X Oppose	President State:	
Calendar Year-To-Date Per Election for Office Sought		168776.32	Disbursement For: Primary 2014 Primary Prim	General
Full Name of Payee			Date of Public Distribution/Dissemi	nation
Lorri Anderson)14
Mailing Address 7214 Duchamp Dr			Amount	
City	State	Zip Code		3.00
Charlotte	NC	23215	Transaction ID : 529fa593-da87-4c Date of Disbursement or Obligatio	
Purpose of Expenditure Mileage		Category/ Type 002		114
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		Oppose	President State:	
Calendar Year-To-Date Per Election for Office Sought	7 7	168776.32	Disbursement For: Primary 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expend	tures		8	.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures)	-
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3.9				

Schedule E)	VI EXI ENE	TI OTILO	F	PAGE 11 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Tammay Williams			Date of Public	Distribution/Dissemination
Mailing Address 924 N. Prieur St			07	21 2014
			Amount	
City	State	Zip Code		45.00
New Orleans	LA	70116	I	D: bcde29d8-7d37-40f0-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	, , ,	63014.60	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Tammay Williams			07 /	21 / 2014
Mailing Address 924 N. Prieur St			Amount	
City	State	Zip Code		12.00
New Orleans	LA	70116		: 91c606c9-e731-4487-b rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 /	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	63014.60	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		. •	57.00
(b) SUBTOTAL of Unitemized Independent Expendent	ditures			
(a) 30210112 of Officering Macportage Exposite				45
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 23	2014
				

Schedule E)	II EXI END	HONES	PAI FO	GE 12 OF 59 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENT	ΓIFICATION NUMBER ▼
Women Speak Out PAC			C C00	530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D / Y = Y = Y
Full Name of Payee			Date of Public Dis	stribution/Dissemination
Donald Dessauer			07 / D	21 2014
Mailing Address 1804 Auburn Ave			Amount	
City	State	Zip Code		15.00
Metaire	LA	70003	Transaction ID : It	00e4dc2b-7289-4622-8 nent or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M = M / D	21 / 2014
Name of Federal Candidate		Support	Office Sought:	louse District: 00
Ms. Mary L Landrieu		X Oppose		senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	63014.60	Disbursement For: 2014 Other (specify	Primary
Full Name of Payee	_		Date of Public Dis	stribution/Dissemination
Donald Dessauer			M = M / C	21 2014
Mailing Address 1804 Auburn Ave			Amount	
City	State	Zip Code		0.30
Metaire	LA	70003		b40b148-cecc-4f60-8 ment or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	21 / 2014
Name of Federal Candidate		Support	Office Sought:	louse District: 00
Ms. Mary L Landrieu		X Oppose	President X S	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	63014.60	Disbursement For: 2014 Other (specify	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es			15.30
				7
(b) SUBTOTAL of Unitemized Independent Expend	tures		>	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 23	2014

Schedule E)	INI EXI ENL	DITOTILO	PAGE 13 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Dylan Simon			07 21 / 2014
Mailing Address 111 Millrock Drive			Amount
City	State	Zip Code	41.83
Lafayette	LA	70508	Transaction ID : 14bd895c-a8f2-4bbd-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		63014.60	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Dylan Simon			07 21 / 2014
Mailing Address 111 Millrock Drive			Amount
City	State	Zip Code	5.19
Lafayette	LA	70508	Transaction ID : 19c2cd30-6d26-450e-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	63014.60	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		• 47.02
			7 7 7
(b) SUBTOTAL of Unitermized Independent Exper	ditures		· •
(c) TOTAL Independent Expenditures			
	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 07 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Sc	hedule E)	LIND					PAGE 14 OF 59 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
							000333733
Che	eck if 24-hour report X 48-hour report	New repo	ort Amend	ls repor	rt filed on	M /	D D / Y Y Y Y
	Full Name of Payee Ms. Chassidy Menard						c Distribution/Dissemination
-	•					07 /	21 2014
	Mailing Address 515 Walter Dr.				Amou	nt	
ŀ	City State		Zip Code		$-\Gamma$		60.00
	Lafayette LA		70507				ID: 522e8b4d-d031-450f-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		07 /	21 2014
ŀ	Name of Federal Candidate		Supp	oort	Office Sough	t:	House District:00
	Ms. Mary L Landrieu		X Oppo		Preside	_	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		63014.60		Disbursemen 2014		Primary
Ī	Full Name of Payee			,			c Distribution/Dissemination
	Ms. Chassidy Menard					07	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 515 Walter Dr.						2011
					Amou	nt	
	City State		Zip Code				5.10
	Lafayette LA		70507		Transa Date	of Disbu	D: 041cac4c-1b88-43ed-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	$\exists \mid \complement$	07 ^M	21 2014
	Name of Federal Candidate		Supp	port	Office Sough	ıt:	House District: 00
	Ms. Mary L Landrieu		X Oppo	ose	Presid	ent 2	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		63014.60		Disbursemer 2014		Primary
(a) SUBTOTAL of Itemized Independent Expenditures				•	-	65.10
(b) SUBTOTAL of Unitemized Independent Expenditures				· [1.7	
(c) TOTAL Independent Expenditures				· [
W	Under penalty of perjury I certify that the independent experience of the request or suggestion of, any candidate or an earty committee) any political party committee or its agent.						
	Ms. Emily Buchanan	[Electron	nically Filed]	Date	07 /	23	2014
	Signature					_	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

							FOR SE OF	FORM 24/48
NAME OF COMM						FEC I	DENTIFICATION	ON NUMBER ▼
vvomen Sp	eak Out PAC					С	C00530766	
Check if 24-	nour report X 48-hour report	New repor	t Am	nends repo	rt filed on	1 = M	/ D D /	Y = Y = Y
Full Name of					Date	of Publ	ic Distribution/	Dissemination
Ky Brous						07	/ D D /	2014
Mailing Addre	SS 301 N Cedar Street				Amou	ınt		
City	Stat	to 7	ip Code			-		30.00
Abbeville	LA		70510				ID: 4486b369 pursement or C	-e5e4-49a8-b
Purpose of E Salary	penditure		Category/ Type	001		07	/ 21	2014
Name of Fed	eral Candidate			Support	Office Sough	nt:	House	District:00
Ms. Mary L L	andrieu			Oppose	Presid	L	Senate	State: LA
	Year-To-Date ion for Office Sought	63	3014.60		Disbursemer 2014		Primary	X General
Full Name of	Pavee	· ·					lic Distribution/	Discomination
Ky Brous						07 Fub	/ DISTIDUTION/	2014
Mailing Addre	SS 301 N Cedar Street				Amou		-:-	2011
City	Stat	te Z	Zip Code		— I			12.90
Abbeville	LA		70510				ID: c5e8f837-coursement or C	18bb-4596-a
Purpose of E Mileage	xpenditure		Category/ Type	002	_ _	07	21	2014
Name of Fed	eral Candidate			Support	Office Sough	nt:	House	District:00
Ms. Mary L L	andrieu		X	Oppose	Presid	lent	Senate	State: LA
	Year-To-Date tion for Office Sought	7	63014.6	0	Disbursemer 2014		Primary specify) ▶	X General
(a) SUBTOTA	of Itemized Independent Expenditures				•	-	7	42.90
(b) SUBTOTA	of Unitemized Independent Expenditures				· [
(c) TOTAL Inc	ependent Expenditures				· [
with, or at the	of perjury I certify that the independent exprequest or suggestion of, any candidate or e) any political party committee or its agent	authorized of						
Λ	s. Emily Buchanan	[Electronica	ally Filed]	Date	M M /	23	201	4
Signature				Date			1	

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OF

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	L /(1 L)(2)			PAGE 16 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			M	M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New repo	oort Amends repo	ort filed on	7 0 0 7 7 1 1 1 1
Full Name of Payee Solveig Lysne				f Public Distribution/Dissemination
Mailing Address 7121 Oyster Lane				07 21 7 2014
7 121 Oydioi Land			Amoun	t
City	State	Zip Code		25.30
···········g··	NC	28411		ction ID: f423dd80-16f7-44bc-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		07 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		Oppose	Preside	NO.
Calendar Year-To-Date Per Election for Office Sought		168776.32	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
Full Name of Payee				f Public Distribution/Dissemination
Solveig Lysne				M / D D / Y Y Y Y
Mailing Address 7121 Oyster Lane			L	07 21 2014
/ 121 Oyster Lane			Amour	nt
City	State	Zip Code		11.01
Wilmington	NC	28411	Transac Date o	ction ID: d7a3c1b3-ed55-4370-8 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07 21 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		X Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		168776.32	Disbursement 2014 Ot	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			•	36.31
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / / 07	23 2014
Signature		_ · · · · · · · · · · · ·	التاا	

S	chedule E)	LXI LIVDI	ITOTILO				PAGE 17 OF 59 FOR SE OF FORM 24/48
V/	ME OF COMMITTEE (In Full)					FEC I	DENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC					C	C00530766
Ch	neck if 24-hour report X 48-hour report	New repo	ort A	mends repo	ort filed on	M = M	/ D = D / Y = Y = Y
	Full Name of Payee Sharon Lloyd				Da	te of Publ	lic Distribution/Dissemination
	Mailing Address 4301 Lankford					07	21 2014
					An	nount	
	City	State	Zip Code				85.00
	Springdale	AR	72762				ID: 534093a8-9b5b-449d-8 oursement or Obligation
	Purpose of Expenditure Salary		Category, Type			M M 07	21 / 2014
	Name of Federal Candidate			Support	Office So	ught:	House District: 00
	Mr. Mark L Pryor		X	Oppose	Pre	sident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		28682.32		Disburser 2014	1	Primary X General pecify) ►
	Full Name of Payee				Da	te of Pub	lic Distribution/Dissemination
	Sharon Lloyd					07	21 2014
	Mailing Address 4301 Lankford				Ar	nount	
	City	State	Zip Code				1.98
	Springdale	AR	72762				ID: b337d304-76e4-408d-8 oursement or Obligation
	Purpose of Expenditure Mileage		Category Type			07 ^M	21 / 2014
	Name of Federal Candidate			Support	Office So	ught:	House District: 00
	Mr. Mark L Pryor		X	Oppose	Pre	sident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	28682.	32	Disburser 2014	1	Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	S					86.98
	(,,						7
	(b) SUBTOTAL of Unitemized Independent Expenditu	res			· •		7 7
	(c) TOTAL Independent Expenditures				•		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized					
	Ms. Emily Buchanan Signature	[Electron	ically Filed]	Date	07	23	2014
	Oignaturo						

Schedule E)	IN EXILINE	TI OTILO	PAGE 18 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Felice Barrett			07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1588 Asbury			Amount
City	State	Zip Code	85.00
Springdale	AR	72762	Transaction ID : a9784946-729a-4268-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		28682.32	Disbursement For: Primary General 2014 General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Felice Barrett			07
Mailing Address 1588 Asbury			Amount
City	State	Zip Code	13.80
Springdale	AR	72762	Transaction ID : f15b4023-d7f4-4640-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 21 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	28682.32	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		98.80
			7 7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			•
	idate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 23 7 2014
•			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Melanie Slagle	07 21 2014
	Mailing Address 77 Southridge Drive	Amount
	City State Zip Code	4.50
	Spruce Pine NC 28777	Transaction ID : 8bdb46de-585d-45c7-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General
		U Other (specify) ►
	Full Name of Payee Melanie Slagle	Date of Public Distribution/Dissemination
	Mailing Address 77 Southridge Drive	07 21 2014 Amount
	City State Zip Code Spruce Pine NC 28777	2.40 Transaction ID : 84d8c1b3-f211-43c5-9
	Purnose of Evnenditure	Date of Disbursement or Obligation
	Mileage Category/ Type 002	07 21 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	6.90
	(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
		07 23 2014
	Signature	20 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	medule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	I on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Peter Sahuc	07 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 107 Phillip Ave	Amount
	City State Zip Code	30.00
	Lafayette LA 70503	Transaction ID : 49d2ef4c-1e30-44fc-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 / 21 / Y 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	00044.00	ursement For: Primary X General
	Per Election for Office Sought 63014.60 2014	Other (specify) ▶
	Full Name of Payee Peter Sahuc	Date of Public Distribution/Dissemination
	Mailing Address 107 Phillip Ave	07 21 2014
		Amount
	City State Zip Code	2.55
	Lafayette LA 70503	Transaction ID: 1f90fcf2-b304-467b-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 21 / 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	32.55
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
)7 23 2014
	Signature	2017

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Schedule E)	ENT EXILE	DITORIES	PAGE 21 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lily Green			07
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	50.00
Shreveport	LA	71119	Transaction ID : 71456ff8-9eb9-4884-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		63014.60	Disbursement For: Primary General General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lily Green			07 21 2014
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	22.50
Shreveport	LA	71119	Transaction ID: 0314fc05-ce16-4b7b-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 21 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		63014.60	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		72.50
(b) SUBTOTAL of Unitemized Independent Expe	anditurae		
(b) SOBTOTAL OF OTHER MIZE A MUSE PER LEADER	mailares		7 7
(c) TOTAL Independent Expenditures			•
	didate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	07 23 7 2014
3			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C	C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	/ D = D / Y = Y = Y
Full Name of Payee	Date of Pub	lic Distribution/Dissemination
Jenna M Ledford	07	21 2014
Mailing Address 2279 Gouges Creek Rd	Amount	
City State Zip Cod	e	70.00
Spruce Pine NC 28777	Transaction	n ID : 8a3bcdd1-f00f-46fa-b oursement or Obligation
Purpose of Expenditure Salary Category Ty		21 / 2014
Name of Federal Candidate	Support Office Sought:	House District:00
Ms. Kay Hagan		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 168776.32	Disbursement For: 2014 Other (s	Primary
Full Name of Payee		
Jenna M Ledford	Marke of Pub.	lic Distribution/Dissemination
Mailing Address 2279 Gouges Creek Rd	Amount	21 2014
City State Zip Cod	e	28.44
Spruce Pine NC 28777		ID: 9a796258-19d1-4c4d-8 bursement or Obligation
Purpose of Expenditure Mileage Category Ty	ory/ /pe 002 07	21 / 2014
Name of Federal Candidate	Support Office Sought:	House District: 00
Ms. Kay Hagan	Oppose President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Primary X General Specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	>	98.44
(b) SUBTOTAL of Unitemized Independent Expenditures		42 1 42
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	4 4
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committed party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically File	d] Date 07 23	2014
Signature		

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Schedule E)	IVI EXI ENE	TI OTILO	PAGE 23 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Sherri Zerbel			07 21 / 2014
Mailing Address 804 Mary Ave			Amount
City	State	Zip Code	62.50
Neasho	МО	64850	Transaction ID: e83a61a1-a92b-4230-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	28682.32	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Sherri Zerbel			07 21 2014
Mailing Address 804 Mary Ave			Amount
City	State	Zip Code	25.50
Neasho	МО	64850	Transaction ID: 799063dc-552b-4d58-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 21 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	- T	28682.32	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		. ▶ 88.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•
(c) TOTAL Independent Expenditures			· • · · · · · · · · · · · · · · · · · ·
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 23 7 2014
-			

Schedule E)	TI EXI END	TIONES	PAGE 24 OF 5 FOR SE OF FORM 24/4	59 8
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	R▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemination	on
Danielle Landry			07 21 Y Y 2014	Y
Mailing Address 1089 Oleste Tauzin Road			Amount	
City	State	Zip Code	35.0	00
Breaux Bridge	LA	70517	Transaction ID : 2aa7ec54-b077-497c- Date of Disbursement or Obligation	-a
Purpose of Expenditure Salary		Category/ Type 001	07	Y
Name of Federal Candidate		Support	Office Sought: House District: 0	0
Ms. Mary L Landrieu		X Oppose	President Senate State: L	Α
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	63014.60	Disbursement For: ☐ Primary ☐ Gen 2014 ☐ Other (specify) ▶	eral
Full Name of Payee			Date of Public Distribution/Dissemination	on
Danielle Landry			07 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Mailing Address 1089 Oleste Tauzin Road			Amount	
City	State	Zip Code	9.30)
Breaux Bridge	LA	70517	Transaction ID : 58f932ee-df62-41df-9 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	07 / 21 / Y 2014	Y
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Mary L Landrieu		X Oppose	President Senate State: L	
Calendar Year-To-Date Per Election for Office Sought	7 7	63014.60	Disbursement For: Primary X Gen 2014 Other (specify) ▶	neral
(a) SUBTOTAL of Itemized Independent Expenditure	es		. • 44.30	
				=
(b) SUBTOTAL of Unitemized Independent Expend	itures		· •	_
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 23 / 2014	

Schedule E)	IVI EXI END	HONES	PAGE 25 OF FOR SE OF FORM 24/	59 /48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	ER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	Y
Full Name of Payee			Date of Public Distribution/Disseminat	tion
Emily Butler			07 21 Y 2014	Y
Mailing Address 1676 Shady Creek Rd			Amount	
City	State	Zip Code	10	0.00
Ayden	NC	28513	Transaction ID: 85f04b99-6058-48e8 Date of Disbursement or Obligation	3-b
Purpose of Expenditure Salary		Category/ Type 001	07	
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		X Oppose	President X Senate State:	NC
Calendar Year-To-Date Per Election for Office Sought		168776.32	Disbursement For: Primary X Ge 2014 Other (specify) ▶	eneral
Full Name of Payee			Date of Public Distribution/Dissemina	tion
Emily Butler			07 D D / Y Y 2014	Y Y
Mailing Address 1676 Shady Creek Rd			Amount	
City	State	Zip Code	6.2	18
Ayden	NC	28513	Transaction ID : 22e2cf8b-e7a5-4dec- Date of Disbursement or Obligation	-b
Purpose of Expenditure Mileage		Category/ Type 002	07 / D D / Y Y 1	
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		Oppose	President State:	NC
Calendar Year-To-Date Per Election for Office Sought		168776.32	Disbursement For: Primary X Ge 2014 Other (specify) ▶	eneral
(a) SUBTOTAL of Itemized Independent Expendit	ures		16.18	
			7 7	
(b) SUBTOTAL of Unitemized Independent Expen	ditures		·	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
-				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Mr. Alex Peyton	07
Mailing Address 859 Hicks Rd	mount
City State Zip Code	80.00
Washington LA 70589 Ti	ransaction ID : 85acbb2e-56bc-4705-b late of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Mary L Landrieu Oppose Pre	esident State: LA
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary General
	Other (specify)
Full Name of Payee Mr. Alex Peyton	Date of Public Distribution/Dissemination 07 21 2014
Mailing Address 859 Hicks Rd	07 21 2014 Imount
City State Zip Code	39.60
D	ansaction ID: 0532d6c4-b305-4865-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 / 21 / 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Mary L Landrieu Oppose Pri	resident State: LA
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	119.60
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	23 2014
Signature	

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OF

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Schedule E)	ZIVI ZXI ZIV	BITOTILO	PAGE 27 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee Theresa A Touchet			Date of Public Distribution/Dissemination
Mailing Address 102 French Street #3			07 21 / 2014
			Amount
City	State	Zip Code	10.00
New Orleans	NC	70124	Transaction ID: b7ca66e3-a4ca-4b97-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1 9 1 1 9	63014.60	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Theresa A Touchet			07 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 102 French Street #3			Amount
City	State	Zip Code	0.75
New Orleans	NC	70124	Transaction ID : 6d2a421e-cd72-4d5c-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		63014.60	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		. 10.75
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	INT EXI END	JII OI LE	PAGE 28 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lesley Lennox			07 21 / 2014
Mailing Address 2305 Cleary Ave			Amount
City	State	Zip Code	20.00
Metairie	LA	70001	Transaction ID : d3c6cb4a-d008-40ca-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		63014.60	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lesley Lennox			07 21 2014
Mailing Address 2305 Cleary Ave			Amount
City	State	Zip Code	1.50
Metairie	LA	70001	Transaction ID : a78867a4-102e-47f2-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 21 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	63014.60	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		▶ 21.50
			7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•
(c) TOTAL Independent Expenditures			. •
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	9 07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Sch	nedule E)	EXI ENDI	101120		PAGE 29 OF 59 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC		C C00530766		
Chec	ck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Full Name of Payee Timothy Foley			M	f Public Distribution/Dissemination
N	Mailing Address 20679 Glenbrook Terrace			Amoun	07 21 2014 t
	City	State	Zip Code	-	60.00
- 1	Sterling	VA	20165		action ID: 00addf72-dd86-41c3-9 f Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	М	07 21 2014
1	Name of Federal Candidate		Support	Office Sought:	: House District: 00
	Ms. Kay Hagan		X Oppose	Presider	NO.
	Calendar Year-To-Date Per Election for Office Sought	1	168776.32	Disbursement 2014 Oth	For: Primary ⊠ General her (specify) ►
	Full Name of Payee Brian Saltzler Mailing Address 601 S College Road			М	f Public Distribution/Dissemination
				Amoun	
	City Wilmington	State NC	Zip Code 28403	Transac Date o	12.50 ction ID: 0ab35fd7-5715-45ba-8 f Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	M	07
	Name of Federal Candidate		Support	Office Sought:	: House District: 00
	Ms. Kay Hagan		X Oppose	Preside	nt Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		168776.32	Disbursement 2014 Otl	For: Primary X General her (specify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures	S		. •	72.50
(b	b) SUBTOTAL of Unitemized Independent Expenditu	ires		· •	7 7 7
(с	c) TOTAL Independent Expenditures			· -	
wi	nder penalty of perjury I certify that the independen ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	cically Filed] Date	e 07	23 2014
	Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedu	le E)	11 = /11 = 11 = 1	1101120		PAGE 30 OF 59 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends	report filed	d on
	lame of Payee an Saltzler				Date of Public Distribution/Dissemination
Mailin	g Address 601 S College Road				07 21 2014 Amount
City		State	Zip Code		1.80
	ington	NC	28403		Transaction ID : b364878c-ed9d-4ebc-a Date of Disbursement or Obligation
Purpo Milea	se of Expenditure age		Category/ Type	002	07 21 2014
Name	of Federal Candidate		Suppo	ort Offic	e Sought: House District: 00
Ms. K	Kay Hagan		X Oppos		President State: NC
	Calendar Year-To-Date Per Election for Office Sought		168776.32	Disb 2014	ursement For: Primary
	lame of Payee y Eddie				Date of Public Distribution/Dissemination 07 21 2014
Mailin	ng Address 5006 Lakeview Road				Amount
City		State	Zip Code		20.00
	n Little Rock	AR	72116		Transaction ID : fba9f03b-b89e-466d-8 Date of Disbursement or Obligation
Purpo Salai	ose of Expenditure ry		Category/ Type	001	07 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	e of Federal Candidate		Suppo	ort Offic	e Sought: House District: 00
Mr. N	flark L Pryor		X Oppo	se	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	77	28682.32	Disb 2014	ursement For: Primary
(a) SU	BTOTAL of Itemized Independent Expenditur	res		······	21.80
(b) SU	BTOTAL of Unitemized Independent Expend	litures		······	
(c) TO	TAL Independent Expenditures			······	
with, or	penalty of perjury I certify that the independ r at the request or suggestion of, any candid ommittee) any political party committee or its	late or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed]	Date	07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Sigr	nature				

Schedule E)		DITORILO	PAGE 31 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766		
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Amy Eddie			07 21 2014
Mailing Address 5006 Lakeview Road			Amount
City	State	Zip Code	2.40
North Little Rock	AR	72116	Transaction ID: 12082021-57a3-4b8e-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		28682.32	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	40.00
Mandeville	LA	70471	Transaction ID : 4fa1a7dd-59a9-43ab-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		63014.60	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expendi	tures		42.40
(b) SUBTOTAL of Unitemized Independent Expe	nditures		>
(c) TOTAL Independent Expenditures			•
	didate or authoriz		not made in cooperation, consultation, or concert feither, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	07 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
2. 0			

Schedule E)	INI EXI EN	JII OI LO	PAGE 32 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766		
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	3.60
Mandeville	LA	70471	Transaction ID : 5b32a5e0-3f6d-4d4a-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		63014.60	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Christine Stevens			07
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	60.00
Winchester	VA	22602	Transaction ID: 96b4af88-36f6-4e3a-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 21 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	168776.32	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		. ▶ 63.60
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 23 7 2014
3.9			

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
Full Name of Payee Rodney D Culbreth	lic Distribution/Dissemination
Mailing Address 100 Asbury CT	21 2014
3200 Dam Neck Rd	
City State Zip Code	60.00
Date of Disk	ID: 5d929bc5-d015-4091-9 pursement or Obligation
Purpose of Expenditure Salary Category/ Type 001 07	21 / 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Kay Hagan President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (s	Primary ⊠ General specify) ►
	olic Distribution/Dissemination
Zachary Vidrine	21 2014
Mailing Address 202 Rue Des Cajun Amount	
City State Zip Code	20.00
Date of Disl	ID: aaf41c75-3a39-40bd-8 bursement or Obligation
Purpose of Expenditure Salary Category/ Type 001 07	21 / 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Mary L Landrieu Oppose President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (s	Primary X General Specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coopera with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07 23	2014

Schedule E)	PAGE 34 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report N	ew report Amends report filed on Amends report
Full Name of Payee Zachary Vidrine	Date of Public Distribution/Dissemination
Mailing Address 202 Rue Des Cajun	07 21 2014 Amount
City State Ville Platte LA	Zip Code 40.50 70586 Transaction ID: 8147c74c-07d2-4bce-9 Date of Dishuragement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 Date of Disbursement or Obligation 07 21 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee Diane Smith	Date of Public Distribution/Dissemination
Mailing Address 4006 Wolkswalk Place	07 21 2014 Amount
City State	Zip Code 30.00
Raleigh NC	27610 Transaction ID : 1598c698-b1c3-419e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 07 21 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	70.50
(b) SUBTOTAL of Unitemized Independent Expenditures	———
(c) TOTAL Independent Expenditures	
	ditures reported herein were not made in cooperation, consultation, or concert horized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan [Basing a superior of the	Electronically Filed] Date 07 23 2014

Schedule E)	NDENT EXTEND	ITOTILO	PAGE FOR SI	35 OF 59 E OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFIC	CATION NUMBER ▼
Women Speak Out PAC			C C005307	766
Check if 24-hour report X 48-hour rep	ort New rep	ort Amends repo	t filed on M / D D	/
Full Name of Payee			Date of Public Distribu	ution/Dissemination
Diane Smith			07 / D D D	2014
Mailing Address 4006 Wolkswalk Place			Amount	
City	State	Zip Code		6.30
Raleigh	NC	27610	Transaction ID : 22c6 Date of Disbursement	
Purpose of Expenditure Mileage		Category/ Type 002	07 / 21	2014
Name of Federal Candidate		Support	Office Sought: House	e District: 00
Ms. Kay Hagan		X Oppose	President Senat	
Calendar Year-To-Date Per Election for Office Sought		168776.32	Disbursement For: Pring 2014 Other (specify) ▶	mary X General
Full Name of Payee Kenny Wallis			Date of Public Distribu	
Mailing Address 6412 Osage Dr			07 / 21	2014
0412 Osage Di			Amount	
City	State	Zip Code		25.00
North Little rock	AR	72116	Transaction ID : f4db0 Date of Disbursement	
Purpose of Expenditure Salary		Category/ Type 001	07 / 21	2014
Name of Federal Candidate		Support	Office Sought: Hous	e District: 00
Mr. Mark L Pryor		X Oppose	President X Sena	
Calendar Year-To-Date Per Election for Office Sought	, ,	28682.32	Disbursement For: ☐ Pri 2014 ☐ Other (specify) ▶	mary X General
(a) SUBTOTAL of Itemized Independent Ex	oenditures			31.30
			7	
(b) SUBTOTAL of Unitemized Independent	Expenditures)	4
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07	^y 2014
3				

Schedule E)	IDENT EXPEND	ATTORIES	PAGE 36 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	ort New re	port Amends repo	ort filed on
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination
Mailing Address 6412 Osage Dr			07 21 2014 Amount
City	State	Zip Code	11.46
North Little rock	AR	72116	Transaction ID : ab8ccd2d-ed36-42ae-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 21 21 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		28682.32	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Anna Harris Mailing Address 3654 Tara St			07 21 2014
Mailing Address 3654 Tara St			Amount
City	State	Zip Code	30.00
Springdale Purpose of Expenditure	AR	72762	Transaction ID: b32a3e6d-5117-4739-b Date of Disbursement or Obligation
Salary		Category/ Type 001	07 21 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		28682.32	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
•			
(a) SUBTOTAL of Itemized Independent Experience	enditures		▶ 41.46
(b) SUBTOTAL of Unitemized Independent E	xpenditures		. >
(c) TOTAL Independent Expenditures			
	candidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	e 07 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)	VI EXI END	TIONES	PAGE 37 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Anna Harris			07
Mailing Address 3654 Tara St			Amount
City	State	Zip Code	7.20
Springdale	AR	72762	Transaction ID : d4de9a7f-17ad-4ebe-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 21 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	28682.32	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Larry Freeman			07 21 2014
Mailing Address 11214 Mesa drive			Amount
City	State	Zip Code	25.00
Little rock	AR	72211	Transaction ID: 958c5aff-1c53-4a6f-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	28682.32	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res		▶ 32.20
			7 7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•
(c) TOTAL Independent Expenditures			·
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

							FOR SE OF	FORM 24/48
NAME OF COMMITTEE (IN						FEC	IDENTIFICATION	ON NUMBER ▼
Women Speak Ou	IL FAC					С	C00530766	
Check if 24-hour repor	t 🔀 48-hour report	New repo	rt Am	nends repo	rt filed on	M = M	/ D = D /	Y = Y = Y
Full Name of Payee	loon				Dat	e of Pub	olic Distribution/	Dissemination
Francis Richard						M = M	21	2014
Mailing Address 220 D	oucet Rd				Am	ount		
City	Sta	ate 2	Zip Code					40.00
Lafayette		.A	70503				n ID : 22ab91e bursement or C	
Purpose of Expenditure Salary			Category/ Type	001		07	21	2014
Name of Federal Candi	date			Support	Office Sou	ght:	House	District: 00
Ms. Mary L Landrieu			X	Oppose	Pres	ident	X Senate	State:LA
Calendar Year-To-E Per Election for O		6	3014.60		Disbursem 2014		Primary specify) ▶	X General
Full Name of Payee Francis Richards	son				Dat		blic Distribution	Dissemination 2014
Mailing Address 220	Doucet Rd				Am	ount	1 121	2011
City	Sta	ate	Zip Code					5.61
Lafayette	L	_A	70503				ID: a194ef20- bursement or 0	
Purpose of Expenditure Mileage	3		Category/ Type	002		07	21	2014
Name of Federal Cand	idate			Support	Office Sou	ıght:	House	District:00
Ms. Mary L Landrieu			X	Oppose	Pres	sident	X Senate	State: LA
Calendar Year-To-I Per Election for O			63014.6	0	Disbursem 2014		Primary	General
(a) SUBTOTAL of Itemiz	zed Independent Expenditures				•		7	45.61
(b) SUBTOTAL of Unite	mized Independent Expenditures				•		7 1 4	
(c) TOTAL Independent	Expenditures				•		7 7	
with, or at the request o	I certify that the independent er r suggestion of, any candidate or litical party committee or its ager	r authorized						
Ms. Emily Ba	uchanan	[Electronic	cally Filed]	Date	07	23	201	
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Schedule E)	ENT EXILIN	DITOTILO	PAGE 39 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
OBrian Price			07 21 / 2014
Mailing Address 2400 Covenant Cove			Amount
City	State	Zip Code	25.00
Little Rock	AR	72204	Transaction ID : 8c2007b5-42ca-4542-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		28682.32	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
OBrian Price			07 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2400 Covenant Cove			Amount
City	State	Zip Code	11.13
Little Rock	AR	72204	Transaction ID : 2e1e7261-b961-4f24-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		28682.32	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		▶ 36.13
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			
	ididate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 07 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
g			

Schedule E)	DEITI EXI EITD	HORLS		PAGE 40 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour repor	t New rep	oort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee			Date of Public	: Distribution/Dissemination
Damian B Robinson			M M /	21 / 2014
Mailing Address 701 Green Mountain Dr			Amount	
Apt 1312				
City	State	Zip Code	Transaction II	20.00
Little Rock	AR	72211		D: db0ff710-bdac-4ea2-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 07	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		28682.32	Disbursement For: 2014 Other (sp	Primary ☐ General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Damian B Robinson			M M /	21 2014
Mailing Address 701 Green Mountain Dr				
Apt 1312			Amount	
City	State	Zip Code		2.40
Little Rock	AR	72211		D: bfffda05-d9f0-4dd2-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 /	21 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		28682.32	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenses	nditures		•	22.40
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 / 23	2014
y				

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed	on M M / D D / Y T Y T Y
Full Name of Payee		Date of Public Distribution/Dissemination
Ms. Tonya Boyd		07 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2357 Fancy Cap Rd		Amount
City St.	ate Zip Code	90.00
	IC 27030	Transaction ID : 8b17aeaa-bdfc-4f21-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 21 2014
Name of Federal Candidate	Support Office	Sought: House District:00
Ms. Kay Hagan		President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	168776.32 Disbur 2014	rsement For: Primary X General Other (specify) ▶
Full Name of Payee	,	
Ms. Tonya Boyd		Date of Public Distribution/Dissemination 07 21 2014
Mailing Address 2357 Fancy Cap Rd		Amount
City	ate Zip Code	22.53
•	NC 27030	Transaction ID : 46dc167b-6d95-46a5-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 / 21 / 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	168776.32 Disbut 2014	rsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	······	112.53
(b) SUBTOTAL of Unitemized Independent Expenditures	•	
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its age	r authorized committee or agent of either,	
Ms. Emily Buchanan	[Electronically Filed] Date 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	Duit Of	

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OF

59

Schedule	E)	1 =/11 =:12.			PAGE 42 OF 59 FOR SE OF FORM 24/48
	OMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
	e of Payee			Date	of Public Distribution/Dissemination
	r Miller				07 21 2014
Mailing A	ddress 407 randall Dr			Amou	unt
City		State	Zip Code	<u> —</u> г	80.00
Searcy		AR	72143		saction ID: 87059367-372a-4d0f-8 of Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001		07 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of	Federal Candidate		Support	Office Sough	ht: House District: 00
Mr. Mark	L Pryor		X Oppose	Presid	
	ndar Year-To-Date Election for Office Sought	7	28682.32	Disbursemer 2014	nt For:
Full Nam	e of Payee	-		Date	of Public Distribution/Dissemination
Xavier	Miller			Г	M M / D D / Y Y Y Y Y Y Y Y Y 2014
Mailing A	ddress 407 randall Dr				07 21 2014
				Amou	unt
City		State	Zip Code		85.80
Searcy		AR	72143		action ID: d5c56fc3-2f45-49bc-a of Disbursement or Obligation
Purpose Mileage	of Expenditure		Category/ Type 002		07 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of	Federal Candidate		Support	Office Sough	ht: House District: 00
Mr. Mark	L Pryor		X Oppose	Presid	dent State: AR
	endar Year-To-Date Election for Office Sought	7 7	28682.32	Disbursemer 2014	ont For:
(a) SUBT	OTAL of Itemized Independent Expenditure	es		•	165.80
(b) SUBT	OTAL of Unitemized Independent Expendit	ures		· •	
(c) TOTAL	Independent Expenditures			· [
with, or at	alty of perjury I certify that the independe the request or suggestion of, any candida mittee) any political party committee or its	ite or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 07	23 2014
Signatu	re				

Schedule E)	PAGE 43 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed o	on M = M / D = D / Y = Y = Y
Full Name of Payee Jeffrey Hampton	Date of Public Distribution/Dissemination
Mailing Address 1700 E Part Ave	07 21 2014 Amount
City.	04.00
	61.60 Transaction ID: 06c9213d-856b-4e05-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	Sought: House District: 00
Mr. Mark I. Pryor	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disburs 28682.32 Disburs 2014	sement For:
	Date of Public Distribution/Dissemination
Jeffrey Hampton	07 21 7 2014
Mailing Address 1700 E Part Ave	Amount
City State Zip Code	80.88
Country	ransaction ID : 541e3d04-7961-41b6-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 / 21 / 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disburs 28682.32 Disburs 2014	sement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	142.48
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	23 / 2014

Schedule E)		ATOTILO	PAGE 44 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination
Mailing Address 112 apache Dr			07 21 2014 Amount
			Allount
City	State	Zip Code	65.00
Search	AR	72149	Transaction ID : c143f5de-b229-48b4-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		28682.32	Disbursement For: Primary ☐ General 2014 General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Anthony Pearson			07 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 112 apache Dr			Amount
City	State	Zip Code	34.80
Search	AR	72149	Transaction ID: 3798b3cd-2eeb-4f74-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 21 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		28682.32	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expendit	tures		. ▶ 99.80
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •
(c) TOTAL Independent Expenditures			
	lidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 23 7 2014
Signature			

Schedule E)	LIVI EXI EIVI	DITORLO	<u> </u>	PAGE 45 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Andrea L Hammond			Date of Public I	Distribution/Dissemination
Mailing Address 12920 Kneeland Ln			07 Amount	21 2014
			7 tillodik	
City	State	Zip Code		55.00
Neosho	MO	64850		: 2b1c82f6-37d7-47ee-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	-,,	28682.32	Disbursement For: 2014 Other (spec	Primary X General
Full Name of Payee			Date of Public	Distribution/Dissemination
Andrea L Hammond			07 /	21 2014
Mailing Address 12920 Kneeland Ln			Amount	
City	State	Zip Code		41.10
Neosho	MO	64850		d0e814da-4ca1-40c2-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 /	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	28682.32	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expend	itures			96.10
,			-	7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· •	7
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 / 23	2014
2.g				

Scl	nedule E)	71101120		PAGE 46 OF 59 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		С	C00530766
Che	ck if 24-hour report X 48-hour report New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Т	Full Name of Payee Benjamin Hernandez			blic Distribution/Dissemination
-	Mailing Address 915 E Market Ave		07	21 2014
	5 5 15 E Market Ave		Amount	
	City State	Zip Code		70.00
	Searcy AR	72149		n ID: ff3b7c55-d93a-4fa9-9 sbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	07	/ 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate	Support	Office Sought:	House District:00
	Mr. Mark L Pryor	Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	28682.32	Disbursement For 2014 Other	: Primary X General (specify) ▶
Γ	Full Name of Payee		Date of Pu	blic Distribution/Dissemination
1	Benjamin Hernandez		07	21 2014
ŀ	Mailing Address 915 E Market Ave			21 2014
1			Amount	
ľ	City State	Zip Code		34.80
	Searcy AR	72149	Transaction Date of Dis	n ID : 33e11215-adae-420b-a sbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	07 ^M	21 2014
ľ	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	28682.32	Disbursement For 2014 Other	: Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures		• •	104.80
(I	b) SUBTOTAL of Unitemized Independent Expenditures		•	7 7
(0	c) TOTAL Independent Expenditures		>	7 1 7 1 7
W	inder penalty of perjury I certify that the independent expenditures ith, or at the request or suggestion of, any candidate or authorize arty committee) any political party committee or its agent.			
		nically Filed] Date	07 23	
	Signature			

Schedule E)	iti Exi Eiti	SHORLS	PAGE 47 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Darius Beverly			07 21 / 2014
Mailing Address 157 Bishop Drive			Amount
City	State	Zip Code	45.00
Avondale	LA	70094	Transaction ID: e493ca49-3120-439c-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 21 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		63014.60	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Dinah Beverly			07 21 7 2014
Mailing Address 157 Bishop Drive			Amount
City	State	Zip Code	45.00
Avondale	LA	70064	Transaction ID : b6fd34db-49ba-4510-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 21 Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		63014.60	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		90.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •
(c) TOTAL Independent Expenditures			·
	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 07 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	EXI END					PAGE 48 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC					С	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Am	nends repo	rt filed on	и = м	/ D = D / Y = Y = Y
Full Name of Payee Ms. Dinah Beverly					M M	c Distribution/Dissemination
Mailing Address 157 Bishop Drive				Amou	07 unt	21 2014
City	State	Zip Code				4.80
Avondale	LA	70064				ID: 360cabd3-e0d5-4957-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002] [07	21 2014
Name of Federal Candidate		<u>'</u>	Support	Office Soug	nt:	House District: 00
Ms. Mary L Landrieu			Oppose	Presid		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	63014.60		Disbursement 2014		Primary X General Decify) ▶
Full Name of Payee				Date	of Publi	ic Distribution/Dissemination
Patrice Wolfe					M M M	/ D D / Y Y Y Y Y Y Y 2014
Mailing Address 9909 Treasure Hill Rd				Amo	unt	
City	State	Zip Code				15.00
Little Rock	AR	72205				D: 3a92f580-d34f-49b1-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001] [07	21 2014
Name of Federal Candidate		<u>'</u>	Support	Office Soug	ht:	House District: 00
Mr. Mark L Pryor			Oppose	Presid	dent	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, ,	28682.3	2	Disburseme 2014		Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	i					19.80
(b) SUBTOTAL of Unitemized Independent Expenditu	res			. =		
					7	4
(c) TOTAL Independent Expenditures				•	-	4 1 4
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized					
Ms. Emily Buchanan	[Electron	ically Filed]	Date	07 /	23	/ Y Y Y Y Y Y 2014
Signature						

Schedule E)	OIII OI IIIDE. EIIE		II GILLE			9 OF 59 OF FORM 24/48
NAME OF COMMITTEE					FEC IDENTIFICATION	
Women Speak	Out PAC				C C00530766	
Check if 24-hour re	eport X 48-hour report	X New rep	port Amends r	eport filed o	M = M / D = D	/ Y = Y = Y
Full Name of Payee					Date of Public Distribution	n/Discomination
Patrice Wolfe	9			'	or Public Distribution 107 / 21	/ Y Y Y Y Y Y 2014
Mailing Address 99	09 Treasure Hill Rd				Amount	
City		State	Zip Code			3.90
Little Rock		AR	72205		Transaction ID: 3a2ea4 Date of Disbursement or	
Purpose of Expendi Mileage	ture		Category/ Type 0	002	07 / 21	2014
Name of Federal Ca	andidate		Support	t Office S	Sought: House	District:00
Mr. Mark L Pryor			X Oppose		resident Senate	State: AR
Calendar Year- Per Election fo	To-Date or Office Sought	7 1 7	28682.32	Disburs 2014	ement For: Prima Other (specify) ▶	ry X General
Full Name of Payee Phillip William					Date of Public Distribution	on/Dissemination
Mailing Address	3007 Darden Rd				07 21	2014
					Amount	
City		State	Zip Code			100.00
Greensboro	·	NC	27407	T	ransaction ID: 160a41c Date of Disbursement of	10-dbe5-4345-b Obligation
Purpose of Expend Salary	iture		Category/ Type 00	01	07 / 21	2014
Name of Federal C	andidate		Suppor	rt Office S	Sought: House	District:00
Ms. Kay Hagan			X Oppose		resident Senate	State: NC
Calendar Year- Per Election fo	To-Date or Office Sought	7	168776.32	Disburs 2014	ement For: Prima Other (specify) ▶	ary X General
(a) SURTOTAL of lit	emized Independent Expenditu	Iroc				103.90
(a) JODIOIAL OI III	aniized independent Expendite	nes		······ •		103.30
(b) SUBTOTAL of U	nitemized Independent Expend	ditures		····· •		
(c) TOTAL Independ	dent Expenditures			····· •	1 7 1 7	
with, or at the reques	rjury I certify that the independ st or suggestion of, any candid political party committee or it	date or authorized				
Ms. Emi	ly Buchanan	[Electron	nically Filed]	Date 07		014
Signature			_			

Schedule E)	IN EXILINE	TI OTILO	PAGE 50 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd			07
City	State	Zip Code	48.60
Greensboro	NC	27407	Transaction ID : 9b60004d-f8b9-459b-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		168776.32	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Beverly Williams			07 / 21 / 2014
Mailing Address 3007 Darden Rd			Amount
City	State	Zip Code	102.50
Greensboro	NC	27407	Transaction ID : 76ca7b31-f48f-425f-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		168776.32	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	tures		151.10
(b) SUBTOTAL of Unitemized Independent Expe	nditures		
(c) TOTAL Independent Expenditures			
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	e 07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Scl	hedule E)	511 51125		PAGE 51 OF 59 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C	C00530766
			м м	/ D = D / Y = Y = Y
	ck if 24-hour report X 48-hour report New re	eport Amends repo	rt filed on	
	Full Name of Payee Jennifer Susky		M = M	c Distribution/Dissemination
ŀ	Mailing Address 1117 Shadow Lane		07 Amount	21 2014
L		7: 0 1		10.50
	City State Benton AR	Zip Code 72015		12.50 ID: 07069955-19af-4b56-b
ŀ	Purpose of Expenditure Salary	Category/ Type 001	Date of Disbi	ursement or Obligation / 21
ŀ	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	X Oppose		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	28682.32	Disbursement For: 2014 Other (sp	Primary
t	Full Name of Payee			ic Distribution/Dissemination
١	Jennifer Susky		07	21 2014
ľ	Mailing Address 1117 Shadow Lane			
١			Amount	
ľ	City State	Zip Code		1.65
	Benton AR	72015	Transaction II Date of Disb	D: 9c83a9ee-087f-4ef3-a ursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	07	21 / 2014
ľ	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	28682.32	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expenditures		>	14.15
(b) SUBTOTAL of Unitemized Independent Expenditures		• •	
(c) TOTAL Independent Expenditures		•	
W	Under penalty of perjury I certify that the independent expenditure vith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electro	onically Filed] Date	07 / 23	/ Y Y Y Y Y Y 2014
	Signature			

Schedule E)	LXI LIID	101120				PAGE 52 FOR SE OF	OF 59	
NAME OF COMMITTEE (In Full)					FEC ID	ENTIFICATIO		_
Women Speak Out PAC						C00530766		
Check if 24-hour report X 48-hour report	New repo	ort Ame	ends repo	rt filed on	- M /	D D /	Y = Y = Y = Y	Y
Full Name of Payee Danielle McCoy					- M /	Distribution/[Y Y Y Y	Y
Mailing Address 1025 Cayley Ct				Amou	07 nt	21	2014	_
City	State	Zip Code			-		40.00	П
	NC	27260				D: 3f862d56- irsement or O	b901-4a5e-9	_
Purpose of Expenditure Salary		Category/ Type	001	IV	07	21	2014	Y
Name of Federal Candidate		s	Support	Office Sough	t:	House [District: 00	
Ms. Kay Hagan)ppose	Preside		Senate	State: NC	
Calendar Year-To-Date Per Election for Office Sought	1	68776.32		Disbursemen 2014 O		Primary	∑ Genera	al —
Full Name of Payee				Date	of Public	c Distribution/I	Dissemination	
Danielle McCoy				T.	07	21	2014	Υ
Mailing Address 1025 Cayley Ct					Ů.	2.	2011	-
				Amou	nt			
City	State	Zip Code					11.40	
	NC	27260				D: 4317648d- 4 ursement or O		
Purpose of Expenditure Mileage		Category/ Type	002		07 ^M	21	2014	Υ
Name of Federal Candidate		S	Support	Office Sough	t:	House [District: 00	
Ms. Kay Hagan		X	Oppose	Preside	ent	Senate	State: NC	
Calendar Year-To-Date Per Election for Office Sought		168776.32		Disbursemer 2014 C		Primary	X Gener	al —
								_
(a) SUBTOTAL of Itemized Independent Expenditures				•	-	7	51.40	
(b) SUBTOTAL of Unitemized Independent Expenditure	es			•				
(c) TOTAL Independent Expenditures				·		1 1 1		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized							
Ms. Emily Buchanan	[Electron	ically Filed]	Date	07 /	23	2014		
Signature		_				-		

Schedule E)	PENT EXTEND	TIONES	PAGE 53 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			07
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	55.00
High Point	NC	27260	Transaction ID : 3d471d29-b6c4-4c5e-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	-, -, -,	168776.32	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			07
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	14.10
High Point	NC	27260	Transaction ID: 0a90a3b2-6d13-4872-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		168776.32	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	iditures		69.10
			7 7
(b) SUBTOTAL of Unitemized Independent Exp	penditures		>
(c) TOTAL Independent Expenditures			·
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3			

Schedule E)	AF LINDITURES	PAGE 54 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends re	port filed on DDD / YDDY
Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination
Mailing Address 2002 E Park Ave		07 21 7 2014
Apt 40		Amount
City Sta	te Zip Code	95.00
Searcy Al	R 72143	Transaction ID: ddb3a31c-ccb4-4be2-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 00	M M / D D / Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Mr. Mark L Pryor	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	28682.32	Disbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Taylor N Randall		07 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2002 E Park Ave		Amount
Apt 40		
City Sta	•	94.26 Transaction ID : c1d1f477-3aa7-426e-a
Purpose of Expenditure Mileage	Category/ 00	Date of Disbursement or Obligation 2 07 21 2014
	Type	
Name of Federal Candidate Mr. Mark L Pryor	Support	
WII. WAIK E FIYO	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	28682.32	Disbursement For: Primary General
(a) SUBTOTAL of Itemized Independent Expenditures		189.26
(a) SOBTOTAL OF REINIZED INDEPENDENT EXPENDITURES		103.20
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		···· >
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agen	
Ms. Emily Buchanan	[Electronically Filed]	ate 07 23 2014
Signature		

Schedule E)	IVI EXI EIVE	ATTOTILES	PAGE 55 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Tabetha D Espenschied			Date of Public Distribution/Dissemination
Mailing Address 2002 East Park Ave			07 21 2014 Amount
Apt 40			
City	State	Zip Code	50.00
Searcy	AR	72143	Transaction ID : f8839bf3-d73b-43fc-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	28682.32	Disbursement For: Primary General Q014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Charity Zerbel			07
Mailing Address 804 Mary Ave			Amount
City	State	Zip Code	62.50
Neosho	МО	64850	Transaction ID : adf5b690-56d4-4dba-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 21 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	28682.32	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		112.50
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		
,,			7 7 7
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
olynature			

Schedule E)	INT EXI EN	TI OTILO	PAGE 56 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Charity Zerbel			07
Mailing Address 804 Mary Ave			Amount
City	State	Zip Code	25.50
Neosho	МО	64850	Transaction ID : bc279f12-341e-4034-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	28682.32	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Serena A Jones			07 19 2014
Mailing Address 7151 Mullins Drive			Amount
City	State	Zip Code	70.00
Saltville	VA	24370	Transaction ID : f31d9bfe-a51e-4cbc-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 19 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	168776.32	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		95.50
(b) SUBTOTAL of Unitermized Independent Expendent	ditures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.9			

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	n
	Date of Public Distribution/Dissemination
Serena A Jones	07 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7151 Mullins Drive	Amount
City State Zip Code	26.10
Saltville VA 24370	Fransaction ID : ddae82eb-7f71-4e30-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type O02	07 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	Sought: House District:00
Me Kay Hagan	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	ement For: Primary
Full Name of Payee Mr. Timothy Hathaway	Date of Public Distribution/Dissemination
- Timothy Hadiaway	01 01 2014
Mailing Address 6862 Elm St. Unit 270	Amount
City State Zip Code	10.00
Alexandria VA 22314 Ti	ransaction ID : 10c9c849-c301-4239-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	01 01 / 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	ement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	36.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	23 / 2014
Signature	

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OF

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Schedule E)	PAGE 58 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee Mr. Timothy Hathaway	Date of Public Distribution/Dissemination
Mailing Address 6862 Elm St.	01 01 2014
Unit 270	Amount
City State Zip Code	0.30
Alexandria VA 22314	Transaction ID: 9255a798-040d-4696-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	01 01 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Mr. Timothy Hathaway	01 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6862 Elm St.	Amount
Unit 270	
City State Zip Code Alexandria VA 22314	Transaction ID : a071fb8d-1c86-4220-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	01 / 01 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Kay Hagan	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For:
(a) SUBTOTAL of Itemized Independent Expenditures	10.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	7 23 2014
Signature	

Schedule E)	PAGE 59 OF 59 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Mr. Timothy Hathaway	of Public Distribution/Dissemination
Mailing Address 6862 Elm St.	01 01 2014
Unit 270	ount
City State Zip Code	0.30
	saction ID: 757f8996-7304-4b5e-b of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	01 01 7 2014
Name of Federal Candidate Support Office Soug	ght: House District: 00
Ms. Kay Hagan Presid	dent State: NC
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Date	e of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address Amo	punt
City State Zip Code	
Date	e of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M M / D D / Y Y Y Y Y
Name of Federal Candidate Support Office Soug	ght: House District:
Oppose President	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	0.30
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7 7
(c) TOTAL Independent Expenditures	3878.22
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (in party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	23 2014
Signature	